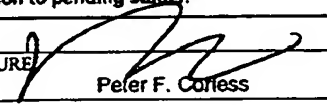


USE IN LIEU OF PTO-1390 (Rev. 10-2004)
Reflects USPTO filing fees in effect from 12/04

| U.S. APPLICATION NO. 10/517803 INTERNATIONAL APPLICATION NO. PCT/JP03/07333 | ATTORNEY'S DOCKET NUMBER 62146(71526) | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--------------|--------------|--------------------|------|--|--------------|---------|---|---|---------|--------------------|--------|---|---|---------|---|--|--|--|----|--------------------------------------|--|--|--|--------------------|
| 21. <input checked="" type="checkbox"/> The following fees are submitted: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BASIC NATIONAL FEE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Filing Fee | \$ 300.00 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Search Fee | \$ 500.00 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Examination Fee | \$ 200.00 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Application Size Fee, each additional 50 sheets over 100 sheets | \$ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL FILING FEE = | \$ 1,000.00 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492 (e)). | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">CLAIMS</th> <th style="width: 20%;">NUMBER FILED</th> <th style="width: 20%;">NUMBER EXTRA</th> <th style="width: 20%;">RATE</th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td>Total claims</td> <td>9 -20 =</td> <td>0</td> <td>x</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>Independent claims</td> <td>2 -3 =</td> <td>0</td> <td>x</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td colspan="4">MULTIPLE DEPENDENT CLAIM(s) (if applicable)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td colspan="4" style="text-align: right;">TOTAL OF ABOVE CALCULATIONS =</td> <td style="text-align: right;">\$ 1,000.00</td> </tr> </tbody> </table> | | CLAIMS | NUMBER FILED | NUMBER EXTRA | RATE | | Total claims | 9 -20 = | 0 | x | \$ 0.00 | Independent claims | 2 -3 = | 0 | x | \$ 0.00 | MULTIPLE DEPENDENT CLAIM(s) (if applicable) | | | | \$ | TOTAL OF ABOVE CALCULATIONS = | | | | \$ 1,000.00 |
| CLAIMS | NUMBER FILED | NUMBER EXTRA | RATE | | | | | | | | | | | | | | | | | | | | | | | |
| Total claims | 9 -20 = | 0 | x | \$ 0.00 | | | | | | | | | | | | | | | | | | | | | | |
| Independent claims | 2 -3 = | 0 | x | \$ 0.00 | | | | | | | | | | | | | | | | | | | | | | |
| MULTIPLE DEPENDENT CLAIM(s) (if applicable) | | | | \$ | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL OF ABOVE CALCULATIONS = | | | | \$ 1,000.00 | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL = | \$ 1,000.00 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492 (f)). | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL NATIONAL FEE = | \$ 1,000.00 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee for recording the enclosed assignment (37 CFR 1.21 (h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property + | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL FEES ENCLOSED = | \$ 1,040.00 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount to be refunded: \$ Amount to be charged: \$ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. <input type="checkbox"/> A check in the amount of \$ _____ to cover the above fees is enclosed. b. <input checked="" type="checkbox"/> Please charge my Deposit Account No. <u>04-1105</u> in the amount of \$ <u>1,040.00</u> to cover the above fees. A duplicate copy of this sheet is enclosed. c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>04-1105</u> . A duplicate copy of this sheet is enclosed. d. <input type="checkbox"/> Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137 (a) or (b)) must be filed and granted to restore the application to pending status. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SEND ALL CORRESPONDENCE TO: Peter F. Corless EDWARDS & ANGELL, LLP P.O. Box 55874 Boston, 02205 (617) 439-4444 CUSTOMER NUMBER: 21874 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE  NAME <u>Peter F. Corless</u> REGISTRATION NUMBER <u>33,860</u> | | | | | | | | | | | | | | | | | | | | | | | | | | |